

## PART B - FEE(S) TRANSMITTAL

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08/04/2003

**FLEHR HOHBACH TEST ALBRITTON &  
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 4 EMBARCADERO CENTER  
 SUITE 3400  
 SAN FRANCISCO, CA 941114187

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Steve P. Iendaris

(Depositor's name)

*[Signature]*

(Signature)

October 29, 2003

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/472,657	12/27/1999	JON FAIZ KAYYEM	A-67499-1/RF	9043

TITLE OF INVENTION: TISSUE COLLECTION DEVICES CONTAINING BIOSENSORS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1300	\$0	\$1300	11/04/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
LU, FRANK WEI MIN	1634	435-006000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 DORSEY & WHITNEY LLP  
 2 Robin M. Silva  
 3 Renee M. Kossjak

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Clinical Micro Sensors, Inc.

Pasadena, California

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 10

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Commissioner is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-2319 (enclose an extra copy of this form).

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(Authorized Signature)

*[Signature]*  
 Renee M. Kossjak, Reg. No. 47,717  
 Robin M. Silva, Reg. No. 38,304

(Date) 10/29/03

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